

L1900000 20116

(Requestor's Name)

(Address)

VOID

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

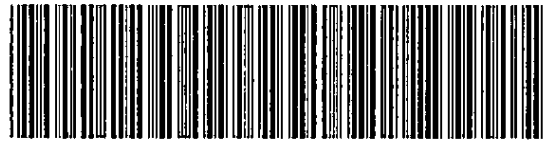
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

THESE ARTICLES OF DISSOLUTION WERE  
FILED IN OUR OFFICE IN ERROR. THE  
EXAMINER FILED THIS DISSOLUTION TO  
THE WRONG LLC.

Office Use Only



200339877672

02/03/20--01025--006 \*\*25.00

VOID  
2020 FEB -3 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

VOID

O SIMMONS

FEB 26 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Beulah Gardens Estates, LLC

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Holt

\_\_\_\_\_  
(Name of Person)

Holt Coastal Properties, LLC

\_\_\_\_\_  
(Firm/Company)

2172 W. Nine Mile Road

\_\_\_\_\_  
(Address)

Pensacola, FL 32534

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary L. Holt

850

607-4539

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# VOID ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Beulah Gardens Estates, LLC

2. The Articles of Organization were filed on August 8, 2019 and assigned  
document number L1900020116

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The purpose of the LLC is complete.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

# VOID

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

  
Signature

Gary L. Holt

Printed Name

FILING FEE: \$25.00

# VOID